

WATER WELL REPORT FOR AN EXISTING WELL

JAN 1 1 2013

UEPT OF ECOLOGY

INSTRUCTIONS: Wagon Wheel Mobile Home Park

Use this form if an original water well report was NEVER filed or is MISSING from Dott 5x \$ on 920707 Wagon Whee Ecology records. YOUR WELL MUST BE PROPERLY TAGGED PRIOR TO SUBMITTING THIS FORM. Please fill in all blanks as completely as possible. If information is not known leave blank. After completing, mail the original form to: WA State Department of Ecology, PO Box 47600, Olympia, WA, 98504-7600, ATTN: Marian Bruner. Unique Ecology Well ID Tag No. 8CB778 CURRENT USE: Domestic | Industrial | Municipal le Home Water Right? If yes, attach copy ☐ Yes ☑-⊀o DIMENSIONS: Diameter of well 6 inches. Property Owner Name Al Verbarendse Depth of completed well 356 ft. if known. Well Street Address 2920 N. Heller Road CONSTRUCTION DETAILS City Oak Harbar County: Island Liner installed **☑** Yes □ No □ Unknown Tax Parcel No. R13327-198-199 M Steel □ Concrete Liner □ Other □ Unknown Type: □ PVC LOCATION ☐ Yes ☐ No ☑ Unknown Perforations An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through yor SIZE of perfs _____in. by ____in. and no. of perfs _____ft to ____ft. Screens: Yes No WUnknown Mf's name county assessor's office. EWM Sec 27 TW 33 N R / E ☐ Stainless Stee! ☐ PVC ☐ Other Type: wwm Slot Size ____from ___ft. to ____ft. Gravel/Filter Packed: ☐ Yes ☐ No ☐ Unknown C В Materials paced from _____ft. to___ This square represents one section of land. Surface Seal: Yes No Wunknown If know, to what depth G which is approx. 640 H acres. Within this Materials used if section, circle the letter ___ □ Bentonite □ Cement known: ___ that best represents the PUMP: Yes I No Mffr's Name location of the well within this section. Type: Submers, b/e Q R WATER LEVELS: Land-surface elevation above mean sea Latitude/Longitude Note: Section, Township, Range still REQUIRED

Lat Deg Lat Min/Sect 17.00859

Long Deg Long Min/Sect 10.3338 level<u></u> ___ft, below top of casing Date measured Artesian pressure _______lbs. per square inch Date measured_ Well head has cap? ☐ Yes ☐ No Shut off valve? ☐ Yes ☐ No ☐ Survey ☐ GPS WELL TESTS: Drawdown is amount water level is lowered below static level. Computer Generated □ Topographic Map Was a pump test made? ☐ Yes ☑ No If yes, attach copy Additional Information, if available: Location marked on topographic map (please attach) □ Unknown Location marked on air photo (please attach) ft. drawdown after____ Yield: gal./min. with ____ CERTIFICATION: The information reported above is true to the best of my knowledge and belief. Dennis Fabre Lambert Vander stoop Drilling Company Whidbey Drillers ☐ Driller ☐ Engineer ☐ Property Owner ☑ Other Name Vintsherman

Address of person completing this form:

City, State, Zip Compenille, WA 9.8239

PO BOX 5000

Date Signed 31 D

Signature 11 M Theman

Driller License Not Stand County Health Dept.

